

EXHIBIT 1

DETERMINATION OF UNEMPLOYMENT COMPENSATION BENEFITS

JFS-83000 11/10/2016

Claimant's Name ELLEN LEONARDI		Claimant ID 216758697	Social Security Number 273-54-8934	Determination Identification Number 238361827-1
Benefit Year Beginning Date 02/06/2022	Benefit Year Ending Date 02/04/2023		Application Date 02/10/2022	Date Issued 03/02/2022
ELLEN LEONARDI 2603 VINELAND TRL BEAVERCREEK, OH 45430-1860			ODJFS Office Lima Adjudication Center PO Box 182212 Columbus, OH 43218-2212 Phone: (866) 272-0118 Fax: (614) 466-7449	

THIS NOTICE IS A DETERMINATION OF AN INITIAL APPLICATION FOR UNEMPLOYMENT BENEFITS, ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 4141.28(D) & (E), OHIO REVISED CODE

The Ohio Department of Job and Family Services has ALLOWED the claimant's application for unemployment compensation benefits with a benefit year that begins 02/06/2022. During this one-year benefit period, the claimant's benefits rights are as follows:

Weekly Benefit Amount is:	\$530.00
Dependency Class is:	A1
Total Benefits Payable Amount is:	\$12,190.00

The claimant's employment during the base period, **01/01/2021 to 12/31/2021**, met the weeks and wages eligibility requirement. The chart below shows the claimant's Total Base Period Wages and Total Qualifying Weeks with each base period employer.

Employer Name	Total Base Period Wages	Total Qualifying Weeks
LIFE LINE COMMUNITY HEALTHCARE	\$30,244.60	23

This agency finds that the claimant was discharged by LIFE LINE COMMUNITY HEALTHCARE on 12/17/2021 without just cause, per Ohio Revised Code Section 4141.29(D)(2)(a). The facts provided did not support that claimant failed to follow company instructions, policy, contract or reasonable standards of conduct.

Interested Parties: **LIFE LINE COMMUNITY HEALTHCARE**

APPEAL RIGHTS: If you do not agree with this determination, you may file an appeal by mail or fax to the ODJFS office provided. You may also file an appeal online at <https://unemployment.ohio.gov>. The appeal should include the determination ID number, name, claimant's social security number, and any additional facts and/or documentation to support the appeal. **TO BE TIMELY, YOUR APPEAL MUST BE RECEIVED/POSTMARKED NO LATER THAN 03/23/2022** (21 calendar days after the 'Date Issued'). If the 21st day falls on a Saturday, Sunday, or legal holiday, your deadline has already been extended to include the next scheduled work day. If you do not file your appeal within the 21-day calendar period, include a statement with the date you received the determination and your reason for filing late. If your appeal is late due to a physical or mental condition, provide certified medical evidence that your condition prevented you from filing within the 21-day period. In order for your appeal to be considered timely, it must be

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.

DSN: 003967

THIS SPACE FOR OFFICIAL USE ONLY

PSN: 003967

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CORRESPONDENCE ID: 000000535227009

CLAIMANT ID: 000000216758697

NOTICE: JI41N1

received/postmarked no later than 21 calendar days after the ending date of the physical or mental condition. If **unemployed**, claimants should continue to file weekly claims for benefits while the determination is under appeal by visiting the agency's website at <https://unemployment.ohio.gov> or call the ODJFS office listed above. For additional



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